

# SOLID WASTE - QUARTERLY REPORT OF VOLUME

Name of Facility \_\_\_\_\_ Permit No. \_\_\_\_\_

For the Quarter Ending (March, June, Sept, Dec.) (CIRCLE APPROPRIATE MONTH) \_\_\_\_\_ (Year) \_\_\_\_\_

DATE	Month _____ Volume*		Month _____ Volume*		Month _____ Volume*	
	In-State	Out-of-State	In-State	Out-of-State	In-State	Out-of-State
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____	_____
11	_____	_____	_____	_____	_____	_____
12	_____	_____	_____	_____	_____	_____
13	_____	_____	_____	_____	_____	_____
14	_____	_____	_____	_____	_____	_____
15	_____	_____	_____	_____	_____	_____
16	_____	_____	_____	_____	_____	_____
17	_____	_____	_____	_____	_____	_____
18	_____	_____	_____	_____	_____	_____
19	_____	_____	_____	_____	_____	_____
20	_____	_____	_____	_____	_____	_____
21	_____	_____	_____	_____	_____	_____
22	_____	_____	_____	_____	_____	_____
23	_____	_____	_____	_____	_____	_____
24	_____	_____	_____	_____	_____	_____
25	_____	_____	_____	_____	_____	_____
26	_____	_____	_____	_____	_____	_____
27	_____	_____	_____	_____	_____	_____
28	_____	_____	_____	_____	_____	_____
29	_____	_____	_____	_____	_____	_____
30	_____	_____	_____	_____	_____	_____
31	_____	_____	_____	_____	_____	_____
<b>TOTALS</b>	_____	_____	_____	_____	_____	_____

TOTAL FOR QUARTER: In-State \_\_\_\_\_ Out-of-State \_\_\_\_\_ AVERAGE DAILY VOLUME: In-State \_\_\_\_\_ Out-of-State \_\_\_\_\_

\*VOLUME: CAN BE EXPRESSED IN CUBIC YARDS OR TONS (CIRCLE ONE)

Report Submitted by: \_\_\_\_\_  
(Signature of Permittee or Designee)

Mail Report To: ADEM  
Solid Waste Branch  
P. O. Box 301463  
Montgomery, AL 36130-1463

**!!!REPORT DUE BY THE 15<sup>TH</sup> OF THE MONTH  
FOLLOWING THE REPORTING QUARTER!!!!**